



## Hill County Superintendent of Schools

315 4th Street  
Havre, Montana 59501

RECEIVED & INSPECTED

OCT 11 2005

FCC - MAIL ROOM

Shirley Isbell, Superin  
Linda Gerhart, Deputy  
(406) 265-5481, Ext 211

DOCKET FILE COPY ORIGINAL

Letter of Appeal to FCC Reference CC Docket No. 02-6

September 30, 2005

FCC

Office of the Secretary

445 12<sup>th</sup> Street SW

Washington, DC 20554

Re: Applicant Name: DAVEY SCHOOL DISTRICT 12  
Billed Entity Number: 134982  
Form 471 Application Number: 340079  
Funding Request Numbers: 916435, 916437

The Board of Trustees for Davey School District #12 is appealing the Administrator's Decision on Appeal- Funding Year 2003-2004 letter dated September 19, 2005. Our appeal was denied by School and Library because "it was determined that your submitted survey forms do not contain the address of the families surveyed." Please see attached 2003-2004 Free and Reduced Price School Meals Application. Part 4 contains, printed name of adult, phone no., work phone no., and address, city/zip. Additionally, parents' names and addresses are also found in the School Register, Student Attendance Agreements and in student files.

Our letter of Appeal to SLD dated July certified that only those students who met the income Eligibility Guidelines of National School Lunch Program were included in Column 5 of Item 10b, of Block 4 (Worksheet A) of the Form 471. There were 13 students eligible of the 16 students enrolled. According to the discount matrix that makes the District eligible for a 90% discount as was on our original application. The District requests approval of our appeal and restore the 90% discount.

Sincerely,

A handwritten signature in cursive script, appearing to read "Shirley Isbell".

Shirley Isbell  
Hill County Superintendent of Schools

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List A B C D E

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Billed Entity # 1349

# 2003-2004 FREE AND REDUCED-PRICE SCHOOL MEALS APPLICATION

**Part 1. School** (Use a separate application for each foster child)  
 Names of all children in school (First, Middle Initial, Last) School Name Grade Circle program child and list case number or FAIM or FDIPI

If you listed a Food Stamp, FAIM, or FDIPI case number for EACH child, skip to Part 4.

## Part 2. Foster Child/Institutionalized Child

☐ Check if foster child/institutionalized child. List the child's monthly personal use income. Write "0" if the child has no income. \$ \_\_\_\_\_ Skip to Part 4.

## Part 3. Total Household Income from Last Month—You must tell us how much and how often

1. Name (List everyone in household) 2. Last month's income and how often it was received (Example: weekly, monthly, weekly, etc.) Seasonal workers use annual income.  
 Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly

	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other
\$	/	\$	/	\$
\$	/	\$	/	\$
\$	/	\$	/	\$
\$	/	\$	/	\$
\$	/	\$	/	\$
\$	/	\$	/	\$

## Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list Social Security Number (See Privacy Act Statement on the back of this page.)

I certify that all information on this application is true and that all income is reported. I understand that the school will go based on the information I give. I understand that school officials may verify (check) the information. I understand that if false information, my children may lose meal benefits, and I may be prosecuted.

Printed Name of Adult \_\_\_\_\_ Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Signature: X \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Total Number in Household ☐

## Part 5. Children's racial and ethnic identities (optional)

Circle one or more racial identities.

White Black Hispanic American Indian or Alaska Native Asian or Pacific Islander

For School Use Only Do Not Write Below This Line

Monthly Income Conversion: Weekly x 4.33, Every 2 Weeks x 2.15, Twice A Month x 2

Check the box that applies:

- ☐ Income Household: Total Income \_\_\_\_\_ Household Size \_\_\_\_\_  
☐ Food Stamp/FAIM/FDIPI Household  
☐ Foster Child

Approved for: Free Reduced-Price Denied for Income Over Incomplete/Missing Information  
 Temporary approval for: Free Reduced-Price Temporary approval until:

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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HILL CO.